Report Templates

The Hand/Wrist

**Median Nerve SAX and LAX**

In SAX the Median Nerve was imaged at the Carpal Tunnel entry, and proximally in the FDS/FDP interface. Cross-sectional measurements from both locations yielded a WFR ratio **greater than/less than 1.4**. In LAX there was/was not dilatation/fusiform contour of the nerve proximal to tunnel entry.

**Ulnar Nerve SAX**

In SAX the Ulnar Nerve was imaged in Guyon’s Canal. Cross-sectional measurement yielded a ___mm$^2$ value. A contra-lateral measurement provided a ___ mm$^2$ value.

**Extensor Pollicis Brevis and Abductor Pollicis Longus**

In LAX the 1st compartment tendons were/were not hyper-echoic with a distinct fibrillar pattern. There was/was not sonographic evidence of tendinosis (hypo-echoic, thickened, neovascularization).

**1st Carpal Meta-Carpal Joint LAX**

In LAX, the 1st CMC was identified as the 3rd joint space from the Distal Radius. There was/was not cortical irregularity of the carpal and/or meta-carpal margins. Homogeneous, non-compressible intra-articular synovial proliferation was/was not visualized. Color Doppler imaging was positive/negative with non-pulsatile signal over the joint margin.

**Ulnar Collateral Ligament LAX**

In LAX the Ulnar Collateral Ligament of the Basal/Thumb joint, was hypo-echoic intact/disrupted in a static position deep to the hyper-echoic Adductor Aponeurosis. Hyper-abduction stress did/did not reveal ligament discontinuity as with Gamekeeper’s Thumb. Dynamic flexion of the thumb did/did not demonstrate the UCL above the aponeurosis associated with Stener Lesion.

**1st – 5th Metacarpal-Phalangeal Joint**

In LAX the ____ MCP does/does not demonstrate cortical irregularity/erosion as in inflammatory arthritis and/or osteoarthritis. Homogeneous, non-compressible intra-articular synovial proliferation was/was not visualized. Color Doppler imaging was positive/negative with non-pulsatile signal over the joint margin.

**Triangular Fibrocartilage Complex LAX**

In LAX the TFCC was imaged with the patient wrist radially deviated/stressed. The distal Ulnar Styloid is/is not elongated and/or irregular with bony degeneration. The fibrocartilage itself does/does not demonstrate irregular, anechoic lines suggestive of tears. The Meniscal Homologue is/is not intact by demonstration/absence of fibrous echotexture superficial to the disc. The collateral ligaments are/are not intact. The superficial Extensor Carpi Ulnaris Tendon has/does not have a hyper-echoic distinct fibrillar pattern.

**The A1-A2 Pulley Ligament SAX**

The bony contour of the Proximal Phalanx is/is not smooth and intact. The Volar Plate is/is not thickened in its position deep to the flexor tendons (FDS,FDP). The tendons do/do not demonstrate intra-sheath fluid as in tenosynovitis or hypoechoegenicity and thickening from tendinosis. The Annular ligament is/is not hypertrophic, thickened, distended suggestive of constricting the excursion of the tendon within the tunnel-like ligament.